

A / REISSUE

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

PTO
09/24/1989
U.S. PATENT

66/20/20

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	JA992-011 (8728-231)
First Named Inventor	Suzuki et al.
Original Patent Number	5,600,462
Original Patent Issue Date (Month/Day/Year)	February 4, 1997
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable) JP 4-246225, 9/16/92
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement filed in prior application,
Statement(s) Status still proper and desired
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Associate Power of Attorney

NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.177), EXCEPT IF ONE FILED IN A PRIOR APPLICATION
IS RELIED UPON (37 C.F.R. § 1.120).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label



or ☐ Correspondence address below


(Insert Customer No. or Attach bar code label here)

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NAME (Print/Type)	Frank Chau	Registration No. (Attorney/Agent)	34,136
Signature		Date	2/1/99

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) JA992-011 (8728-321)		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 7	Total Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(i))	(B) 20	**** 7	= x \$	=	or	x \$ 18 = 126.00	
(C) 3		(D) 4	• 4	= x \$	=		x \$ 78 = 312.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 760.00	
Total Filing Fee					\$	OR	\$ 1,198.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-0510/IBM</u> in the amount of <u>\$1,198.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0510/IBM</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<u>2/1/99</u> Date		 Signature of Applicant, Attorney or Agent of Record Frank Chau Reg. No. 34,136 _____ Typed or printed name						
F. Chau & Associates, LLP 1900 Hempstead Turnpike, Suite 501 East Meadow, New York 11554 (516) 357-0091								

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